REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

PTO/SB/83 (01-06)
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eptember 28, 2004
/la
815
ugene Lee
20487-000300US

P.O. Alexa	missioner fo Box 1450 andria, VA	22313-1450	
Please	e withdraw me all the attorney all the attorney all the attorney	as attorney or agent for the rs/agents of record. rs/agents (with registration in respect to the resistance)	ien the power of attorney of record in the application is to all the
		ence address is NOT affect	
The		respondence address and c	lirect all future correspondence to:
OR			
Firm		Dr. Yueh Yale Ma	
Firm Indi	n <i>or</i> vidual Name	Dr. Yueh Yale Ma	
Firm Indiv Address			State CA Zip 94204
Firm		12471 Barley Hill	Oldie CA
Firm Individual Indivi	vidual Name	12471 Barley Hill Los Altos	State CA Zip 94204 Email Yale.Y.Ma@seagate.com
Firm Individual Indivi	vidual Name	12471 Barley Hill Los Altos USA (650) 941-4732	Email Yale.Y.Ma@seagate.com
Firm Individual Indivi	vidual Name	12471 Barley Hill Los Altos USA (650) 941-4732	Oldie CA